

# COMMISSION ON LEGAL COUNSEL FOR INDIGENTS

## Employee Complaint/Grievance

Employee Name: \_\_\_\_\_ Employee Position/Title: \_\_\_\_\_  
Office: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Office address: \_\_\_\_\_

Employee status (check all that apply):

☐ Classified ☐ Non-classified ☐ Applicant  
☐ Probationary ☐ Permanent ☐ Temporary

Immediate Supervisor: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Second Level Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

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State specific complaint/grievance (attach additional pages if needed):

State specific remedy sought:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Employee

Submit completed form to Commission on Legal Counsel at PO Box 149, Valley City, ND  
or by fax to 701-845-8633

**Employee Complaint/Grievance (page 2)**  
**Steps to Internal Resolution**

Date received by Commission: \_\_\_\_\_, 20\_\_.  
Investigation (attach additional pages if needed):

If decision will not be made within twenty days of the date complaint/grievance was received, employee/applicant must be notified that the decision will be delayed. Employee/applicant notified that decision will be delayed until \_\_\_\_\_, 20\_\_. Notification was made by \_\_\_ telephone \_\_\_ letter (attach copy).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Director or Authorized Agent

Director's Decision:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Director or Authorized Agent

I hereby certify that a copy of the Director's Decision was (faxed) (mailed) to the Employee/Applicant at \_\_\_\_\_, on \_\_\_\_\_, 20\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Director or Authorized Agent